

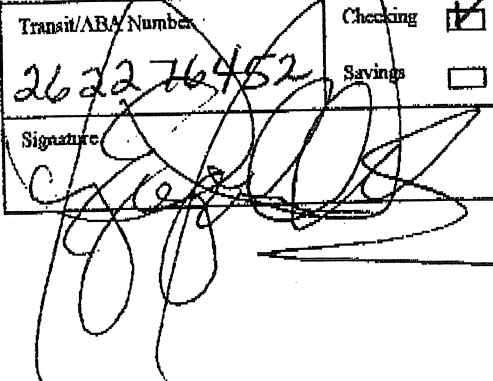
PLEASE FAX COMPLETED FORM AND VOIDED CHECK TO:
1-800-343-3702


AUTHORIZATION FOR DIRECT PAYMENT

For the purpose of honoring debits or credits for collection of dues initiated by
THE NATIONAL ASSOCIATION FOR THE SELF-EMPLOYED (NASE - Group Master Policy Holder) or
AMERICANS FOR FINANCIAL SECURITY (AFS - Group Master Policy Holder) or
COMMUNICATING FOR AGRICULTURE (CAI - Group Master Policy Holder) or
AMERICAN BUSINESS COALITION (ABC - Group Master Policy Holder) or
WOMEN'S INC. (WI - Group Master Policy Holder)

And collecting premiums for the following companies:
The MEGA Life & Health Ins. Co. * Transamerica Life Insurance Company
Company Address:
Insurance Center * P. O. Box 982010 * North Richland Hills, TX 76182-8010

I hereby authorize the above COMPANY to initiate debit entries to my DEPOSITORY financial institution named below and to debit the same to such account. I understand that I have the right to receive notice of each debit entry that varies in amount from the previous entry, but I elect to receive such notice only when such entry differs from the previous entry by more than \$200.00. This Authorization will remain in effect until I notify the COMPANY in writing at the above address to terminate and the COMPANY has a reasonable time to act on the termination. After my DEPOSITORY has been charged, I understand I have the right to have the amount of an erroneous debit immediately credited to my account by my DEPOSITORY, provided I send written notice of such debit entry in error to my DEPOSITORY within 15 days following issuance of the account statement or 60 days after posting, whichever occurs first.

Name of DEPOSITORY (Bank) where Debit is Authorized COMALA CREDIT UNION		City MONTGOMERY, AL	State AL	Zip Code of Bank 36104
Transit/ABA Number 262276452	Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>	DEPOSITORY (Bank) Account Number 0027	Payment Mode <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	
Signature 	Date Signed 4/12/05	Reference Number		

TROY M TILLERSON SUE TINKEY 256-825-7317 DADEVILLE AL 36853		DATE VOID 61-7645/2622	2542
PAY TO THE ORDER OF VOID		\$	
 Comala Credit Union Montgomery, AL 36104 334-834-4494		VOID	
MEMO FOR MEGA LIFE			
262276452		0027	2542

T1000400



Exhibit F